

# Participant Record Change Form

Regular Mail:  
Hartford Life Insurance Company  
Retirement Plans Solutions, Service Center  
P.O. Box 1583  
Hartford, CT 06144-1583  
Attn: (Your Plan Manager's Name)

Overnight/Express Mail:  
Hartford Life Insurance Company  
Retirement Plans Solutions, Service Center  
200 Hopmeadow Street  
Simsbury, CT 06089  
Attn: (Your Plan Manager's Name)



**Hartford Life**

Group Number:	Social Security Number:
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## GENERAL INFORMATION (Please print or type.)

Plan Name:

Employee Name: Last <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	First	M.I.
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Address:

City:	State:	Zip:
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Date of Birth:	Date of Hire:	Date of Eligibility:
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## CONTRIBUTIONS

A. I wish to have \_\_\_\_\_% of my Before-Tax pay deducted each payroll period effective \_\_\_\_\_.  
(Must be a whole percentage)

B. ☐ I wish to discontinue my contributions effective \_\_\_\_\_.

## SIGNATURES

I acknowledge that I have read and understand the Full Disclosure Statement, as applicable to my state, located on page 2.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**This Document has been received and accepted by the Plan Administrator.  
(Required before submitting form to Hartford Life for processing.)**

\_\_\_\_\_  
Plan Administrator Signature

\_\_\_\_\_  
Date

# Full Disclosure Statement

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## Arkansas

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

## Colorado

"It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services."

## District of Columbia

"WARNING: It is a crime to provide false or misleading information to an insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

## Florida

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree."

## Indiana

"A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony."

## Kentucky

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."

## Louisiana

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

## New Hampshire

"Any person who, with a purpose to injure, defraud or deceive any insurance Company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20. However, the lack of such a statement shall not constitute a defense against prosecution under RSA 638:20."

## New Jersey

"Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties."

## Ohio

"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud."

## Oklahoma

"WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

## Pennsylvania

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."